S. No. 300
M—10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14694

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3708

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams 999
(c) City or town Quincy 11
(If outside city or town limits, write "RURAL")
(d) Street No. 415 North 5th St. 0
N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2

3. (a) PRINT FULL NAME ~~Frederick Wilhelm Struckmeyer~~ FRED STRANCHMEYER
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Morris Struckmeyer
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July (Month) 18 (Day) 1885 (Year)

8. AGE: Years 62 | Months 8 | Days 29 | If less than one day hr. min.
9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Brewery Laborer
11. Industry or business

MOTHER FATHER
12. Name Herman Struckmeyer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Inman
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Laura Struckmeyer
(b) Address Quincy, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Extravasation of Cerebellum [illegible] Hemorrhage of Brain [illegible] Duration
Due to [illegible]
Due to [illegible] Brewery [illegible] Harvard [illegible] Illinois on March 11, 1948
Other conditions [illegible] 1:15 P.M.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) [illegible]
(b) Date of occurrence 3/10/48
(c) Where did injury occur? [illegible] (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? [illegible] (Specify type of place)
While at work? (e) Means of injury [illegible]
23. Signature [illegible] Address [illegible] Date signed 4/17/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3708

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be constated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3708

On this 28th day of March, 1949, before me appears Laura Stranckmeyer, who, upon ..... oath, states that the original record of ~~birth~~ death for Fred Stranckmeyer died ~~born~~ April 17 1948, 19....., in the State of Missouri, and which was filed at St. Louis, Mo. at that time, 19....., should be corrected as follows:

Item No. 1 should read Fred Stranckmeyer
Instead of Frederick Struckmeyer

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura Stranckmeyer - wife
Relationship.

1856 N. Berenice
Present Address.

Subscribed and sworn to before me this 28 day of March, 1949.

My Commission expires 1952

Ben Miller
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

S-14694